SEC 1972 (6-02)



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spond to the collection of information contained in this form are not required to s a currently valid OMB control number.

**PFCFIVE** 

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
ours per response 1

SEC USE ONLY
Prefix | Serial

DATE RECEIVED

Type of Filing: [X] New Filing [ ] Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate changed.  C-bridge Corporation  Address of Executive Offices: 2530 Meridian Parkway, Durham, NC 27713  Telephone Number (Including Area Code): 919-806-4242	nge.)
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate changed.  C-bridge Corporation  Address of Executive Offices: 2530 Meridian Parkway, Durham, NC 27713  Telephone Number (Including Area Code): 919-806-4242  Address of Principal Business Operations same as above  Telephone Number (Including Area Code) same as above  (if different from Executive Offices)  Brief Description of Business  Information Technology Consulting  Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean)	Section 4(6) [ ] ULOE
1. Enter the information requested about the issuer  Name of Issuer ([ ] check if this is an amendment and name has changed, and indicate changed.  C-bridge Corporation  Address of Executive Offices: 2530 Meridian Parkway, Durham, NC 27713  Telephone Number (Including Area Code): 919-806-4242  Address of Principal Business Operations same as above  Telephone Number (Including Area Code) same as above  (if different from Executive Offices)  Brief Description of Business  Information Technology Consulting  Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean)	
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Address of Executive Offices: 2530 Meridian Parkway, Durham, NC 27713 Telephone Number (Including Area Code): 919-806-4242  Address of Principal Business Operations same as above Telephone Number (Including Area Code) same as above (if different from Executive Offices)  Brief Description of Business  Information Technology Consulting  Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean)	
Address of Principal Business Operations same as above Telephone Number (Including Area Code) same as above (if different from Executive Offices)  Brief Description of Business  Information Technology Consulting Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean	
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Telephone Number (Including Area Code) same as above (if different from Executive Offices)  Brief Description of Business  Information Technology Consulting  Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean	
Brief Description of Business  Information Technology Consulting  Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean)	
Information Technology Consulting  Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean)	
Information Technology Consulting  Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plean)	<del></del> -
Type of Business Organization  [ X] corporation [ ] limited partnership, already formed [ ] other (plea	
[X] corporation [] limited partnership, already formed [] other (plea-	
[ ] business trust [ ] limited partnership, to be formed	se specify):
Month Year	
Actual or Estimated Date of Incorporation or Organization: [12] [2002] [X] Actual [	1 Estimated

CN for Canada; FN for other foreign jurisdiction)

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X]	Beneficial Owner	[X] Executive Officer	[X] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual	) Fortner, Ro	hart C		
Business or Residen	ce Address		ian Parkway, Durh	am. NC 27713	
Check Box(es) that Apply:	[] Promoter [X]		[] Executive Officer	[] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual		oftware Corporation	nn	
Business or Residen	ce Address	Flogress 3	onware corporation	<u> </u>	_
		14 Oak Par	k, Bedford, MA 017	730	
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual	)			
Business or Residen	ce Address	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Check Box(es) that Apply:	[ ] Promoter []	Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual	)		······································	
Business or Residen	ce Address:		<del></del>		
Check Box(es) that Apply:	[ ] Promoter [ ]	Beneficial Owner	[ ] Executive Officer	[] Director [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individual	):			
Business or Residen	ce Address:				

Check Box(es) that Apply:	[ ] Promoter [	Beneficial Owner	[]	Executive Officer	0	Director	ſ[]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	)						
Business or Residen	ce Address:					<del></del>	_	
Check Box(es) that Apply:	[ ] Promoter []	Beneficial Owner		Executive Officer	[]	Director	[]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	)						
Business or Residen	ce Address (Numi	per and Stree	et, City, S	State, Zip Co	de)			
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	0	Executive Officer	0	Director	[]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	)						
Business or Residen	ce Address							
Check Box(es) that Apply:	[] Promoter []	Beneficial Owner	-	Executive Officer		Director	[]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	)						
Business or Residen	ce Address							
Check Box(es) that Apply:	[ ] Promoter []	Beneficial Owner		Executive Officer	[]	Director	r [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	)						
Business or Residen	ce Address					-		
Check Box(es) that Apply:	[ ] Promoter []	Beneficial Owner		Executive Officer	[]	Director	r [ ]	General and/or Managing Partner
Full Name (Last nam	e first, if individua	1)			<u> </u>			
Business or Residen								
(Us	se blank sheet, o	r copy and ι	ıse addi	tional copie	s of th	nis shee	t, a	s necessary.)

, <u></u>	,	<u> </u>			B. IN	FORMA	TION A	BOUT O	FFERING	}	·-			
1. Has	the iss	uer sold	, or doe:	s the iss	uer inten	d to sell	, to non-	accredite	d investo	ors in this	offering	?	Yes	No [ <b>X</b> ]
									ling unde					
2. Wha	at is the	minimu	m inves	tment th	at will be	accepte	ed from a	any indivi	dual?				\$ <u>N/</u>	<u> </u>
3. Doe	s the of	fering p	ermit joi	nt owne	rship of a	a single ι	unit?						Yes [ <b>X</b> ]	No []
indired of sectoregistes five (5	tly, any urities ir ered with ) person	commis the offe the SE ns to be	ssion or ering. If EC and/o e listed a	similar r a persor or with a	emunera to be lis state or ociated p	ation for sted is a states,	solicitation n associa list the n	on of pur ated pers ame of t	will be p chasers on or ag he broke or deale	in conne ent of a l r or deal	ction witi proker or er. If mo	ectly or h sales dealer re than		
Full Na	ame (La	st name	e first, if	individua	al)									
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)	<del></del>			<del></del>	
Name	of Asso	ciated E	Broker o	r Dealer										
States	in Whic	ch Perso	n Listed	d Has Sc	olicited o	r intends	to Solic	it Purcha	sers	<del></del>				
(Check	"All Sta	ates" or c	heck ind	ividual S	tates)					[	] All State	es		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (La	st name	e first, if	individua	al)			•			_			
Busine	ss or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)		· ·			
Name	of Asso	ciated E	Broker o	r Dealer										
States	in Whic	h Perso	n Listed	Has Sc	licited or	r Intends	to Solic	it Purcha	sers					
(Check	"All Sta	ates" or c	heck ind	ividual S	tates)					[	] All State	es		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ame (La	st name	e first, if	individua	al)									
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)					
Name	of Asso	ciated E	Broker o	r Dealer										
							to Solic	it Purcha	sers	r	1 All State	90		
					tates)		ורודי	וחסי	ורוי	_	] All State			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND	USE OF PROCE	EDS
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Aggregate	Amount Alread
Type of Security	Offering Price	Sold
Debt	\$0	\$0
Equity (including warrants)	\$450,000	\$450,000
[ ] Common [ X ] Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	<b>\$0</b>
Other (Specify).	\$0	\$0
Total	\$450,000	\$450,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Aggregate
	Number Investors	Dollar Amount of Purchases
Accredited Investors	1	\$ <b>450,000</b>
Non-accredited Investors	0	\$ <del>450,000</del> \$0
Total (for filings under Rule 504 only)	•	\$
Answer also in Appendix, Column 4, if filing under ULOE.		_
3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		
	Type of Security	Dollar Amount
Type of offering	. ypo or coounty	5010
Rule 505		_ \$
Regulation A		_ \$
Rule 504		_ \$
Total		_ \$
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	1	] \$
Printing and Engraving Costs		] \$
Legal Fees	-	\$25,000
Accounting Fees	_	] \$
Engineering Fees	=	] \$
Sales Commissions (specify finders' fees separately)	]	] \$

[]\$\_\_\_\_

[X] \$25,000

Other Expenses (identify) \_\_\_\_\_.....

Total .....

<ul> <li>b. Enter the difference between the aggregate</li> <li>C - Question 1 and total expenses furnished</li> <li>This difference is the "adjusted gross proceed</li> </ul>	а.	\$425,000	
5. Indicate below the amount of the adjusted proposed to be used for each of the purposes not known, furnish an estimate and check the of the payments listed must equal the adjusted in response to Part C - Question 4.b above.	d gross proceeds to the issuer used of shown. If the amount for any purpose box to the left of the estimate. The total	or is al	
in response to Part C - Question 4.5 above.		Payments to	
		Officers,	
		Directors, & Affiliates	Payments To Others
Salaries and fees		[ ] \$	[]\$
Purchase of real estate		[]\$	[]\$
Purchase, rental or leasing and installation	on of machinery and equipment	[ ] \$	[]\$
Construction or leasing of plant buildings	and facilities	[]\$	[]\$
Acquisition of other businesses (including offering that may be used in exchange issuer pursuant to a merger)	g the value of securities involved in this e for the assets or securities of another		_ [X] \$425,000
Repayment of indebtedness		[ ]\$	[]\$
Working capital			
Other (specify):			
			[]\$
Column Totals		[1\$	[X]\$425.000
Total Payments Listed (column totals add			425,000
	D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be seen that the	an undertaking by the issuer to furnish	to the U.S. Secur	rities and Exchang
		ID-4-	
Issuer (Print or Type)	Signature	Date	
Issuer (Print or Type) C-bridge Corporation	Signature	2/25/0.	3
, , ,	Signature  Title of Signer (Print or Type)		3

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

: 1	E. STATE SIGNATURE		· · · · · · · · · · · · · · · · · · ·	
provisions of such ru	bed in 17 CFR 230.262 presently subject to any of the disqualification le?	Yes	No [ <b>X</b> ]	-
	See Appendix Column 5 for state response			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
C-bridge Corporation	1 -) ~ DA	2/25/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)	<b>1</b>
Fred D. Hutchison	Secretary	

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	Intend to non-ac investors (Part B-	to sell ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disquali under Sta (if yes, explana waiver g (Part E-	fication te ULOE attach ation of ranted)			
State	Yes	No	Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL					<u> </u>		STREET STREET BEFORE THE STREET S		
AK									
AZ						4			
AR							<u> </u>		
CA									
СО									
СТ									
DE									
DC				<u></u>					
FL					<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>		
GA									
Н									
ID	The transfer of the transfer o				A TO BANK TO LONG THE PARTY OF				
IL									
IN					Angellung Stalling Commence of the Commence of		n nganara ng matanasan ay ng matanasan an ang ang at sa		
IA									
KS									
KY									
LA									
ME									
MD									
MA			450,000	1	450,000				
MI									
MN									
MS									
МО									

**APPENDIX** 

								1		
1 1	2		3		4	<b>,</b>		5		
			Type of					Disqualification under State ULOE		
	Intend	to sell	security					(if yes,		
	to non-ac		and aggregate		Type of inv	vestor and		explana	ition of	
	investors		offering price offered in state		amount purch	ased in State		waiver g	ranted).	
	(Part B-	Item 1)	(Part C-Item 1)		(Part C	-Item 2)		(Part E-	Item 1)	
				_		Number of				
				Number of Accredited		Non- Accredited				
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No	
МТ		_ <u></u>				<u></u>	<u> </u>			
NE				-	<u> </u>					
NV										
NH										
NJ										
NM										
NY			المراجعة والمناطقة المناطقة ا							
NC										
ND			<u>, , , , , , , , , , , , , , , , , , , </u>							
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PA										
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SD										
TN										
TX					***************************************					
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VT										
VA				anna an	Marie Marie 1905 Strategic Innie 1907 Service 1907 Servic					
WA										
WV										
WI					de la la company de la comp		A CONTRACTOR OF THE PARTY OF TH			
WY										
PR										